

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



**TRANSFER OF NAME RESERVATION**

(Section 414-52, 414D-62, 425-8, 425E-109, 428-106, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned applicant for the name:

\_\_\_\_\_  
(Corporation, Partnership, LLC Name)

Reservation approved for (please check one):

☐

Corporation  
(F/\$10/B20, SH/S04)

☐

Partnership  
(F/\$10/B20, SH/S04)

☐

LLC  
(F/\$10/L20, SH/S21)

Reservation will expire on:

\_\_\_\_\_  
(Month Day Year)

transfers the reservation of the name to:

\_\_\_\_\_  
(Type/Print Name of Person the Name is Transferred to)

\_\_\_\_\_  
(Type/Print Address of Person the Name is Transferred to)

\_\_\_\_\_  
(Type/Print Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

If applicant is a **corporation**, a corporate officer must sign. If applicant is a **partnership**, a general partner must sign. If applicant is a **LLC**, a manager of a manager-managed company or a member of a member-managed company must sign. If applicant is a **LLP**, a partner must sign. State title below:

\_\_\_\_\_  
(Office Held)

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. The transfer must be signed by the **actual** applicant of the **original** reservation, even though the original application may have been signed by the applicant's agent. All signatures must be in **black ink**. Submit original application together with the appropriate filing fee(s).

**Filing Fees:** **Filing fee (\$10.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**